- Diagnosed high cholesterol prevalence rates have been increasing among white North Carolinians since 1995, and among African American North Carolinians since 1997 (Figure 7.12 and Table 7.3).

Socio-economic Groups

- Diagnosed high cholesterol prevalence rates are highest in the lowest education groups and decrease with increasing education. Amost half (47.9%) of those in the "less than high school" education group have high cholesterol; the diagnosed high cholesterol prevalence rate decreases to 35.3% among those in the "college graduate" education group (Figure 7.8 and Table 7.2).

- The prevalence of diagnosed high cholesterol decreased with increasing household income; it was highest in the "less than $15,000" income group (49.8%) and lowest in the "$50,000-74,999" and "$75,000+" income groups (35.2% and 36.2%, respectively) (Figure 7.9 and Table 7.2).

Geography

- Diagnosed high cholesterol prevalence rates do vary across North Carolina regions. Durham and Orange counties have the lowest diagnosed high cholesterol prevalence rates (27.3% and 28.5%, respectively), both significantly lower than the overall state rate (39.6%), while Robeson county has the highest rate of diagnosed high cholesterol (46.1%) (Table 7.2).

HIGH CHOLESTEROL TREATMENT & CONTROL

In Brief: High Cholesterol Treatment & Control

- There are no data on high cholesterol treatment, adherence, or control rates among North Carolinians with high cholesterol. This is a serious gap in our surveillance systems and knowledge of the epidemiology of cardiovascular disease in the state.

- Of Americans who require some type of treatment for their lipid level, less than half are receiving treatment.

Nationwide

- Less than half of Americans who qualify for some type of treatment for their lipid levels to reduce their risk of coronary heart disease are receiving treatment.[1]